



Reimbursement Policy

Policy Number: RPLAB055

Policy Title: Parathyroid Hormone,
Phosphorous, Calcium and Magnesium
Testing

Approval Date: May 15, 2026

Effective Date: Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSXTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information

1. Serum intact parathyroid hormone/PTH testing **may be reimbursable in any** of the following situations:
 - a. For individuals with abnormal calcium levels;
 - b. During the initial assessment and diagnosis of hypoparathyroidism for individuals with signs of hypoparathyroidism (see **Note 1**);
 - c. For individuals with osteoporosis or low bone mass;
 - d. For individuals who have undergone parathyroidectomy;
 - e. At the following frequency for individuals with chronic kidney disease/CKD
 - i. For individuals with Grade 3 CKD: One test every twelve months;
 - ii. For individuals with Grade 4 or Grade 5 CKD: One test every three months;
 - f. At the following frequency for individuals who have pseudohypoparathyroidism or related disorders (See **Note 2**):
 - i. For individuals who are less than 18 years of age, one test every three months;
 - ii. For individuals who are 18 years of age or older, one test every year.
 - g. Annual testing for individuals diagnosed with hyperparathyroidism and who have not undergone parathyroidectomy.
 - h. Annual testing for individuals with multiple endocrine neoplasia type 2/MEN2A or familial medullary thyroid carcinoma.
2. For all other situations not described above, serum intact parathyroid/PTH testing **is not reimbursable**.
3. For individuals presenting for a wellness or a general exam without abnormal findings, the following tests **are not reimbursable**:
 - a. Serum, blood, or fecal magnesium testing;
 - b. Serum phosphorus or phosphate testing;
 - c. Urine phosphorus or phosphate testing;
 - d. Serum total calcium, serum ionized calcium, or urine calcium testing.
4. Testing serum for truncated parathyroid hormone metabolites (e.g., amino-terminal and carboxy-terminal fragments), **is not reimbursable**.

NOTE 1: Signs of hypoparathyroidism (6):

- Hypocalcemia
- Elevated serum phosphorous
- Low calcitriol
- Hypercalciuria
- Abnormal magnesium

NOTE 2: Conditions of pseudohypoparathyroidism and related disorders (7)

1. Pseudohypoparathyroidism Type 1A (PHP1A)—due to maternal loss of function mutation at the *GNAS* coding sequence
2. Pseudohypoparathyroidism Type 1B (PHP1B)—due to methylation defect at the *GNAS* coding sequence
3. Pseudopseudohypoparathyroidism (PPHP)—due to paternal loss of function mutation at the *GNAS* coding sequence
4. Progressive Osseous Heteroplasia (POH)—due to paternal loss of function mutation at the *GNAS* coding sequence
5. Acrodysostosis (ACRDYS1)—due to mutation in *PRKAR1A*
6. Acrodysostosis (ACRDYS2)—due to mutation in *PDE4D*

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
82310	ASSAY OF CALCIUM
82330	ASSAY OF CALCIUM
82340	ASSAY OF CALCIUM IN URINE
83735	ASSAY OF MAGNESIUM
83970	ASSAY OF PARATHORMONE
84100	ASSAY OF PHOSPHORUS
84105	ASSAY OF URINE PHOSPHORUS

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<https://www.uptodate.com/contents/primary-hyperparathyroidism-diagnosis-differential-diagnosis-and-evaluation>

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following changes were made to Reimbursement Information: Edits for clarity; sub-criteria in #1 reordered to place testing frequencies together; “one time testing” in now #1h changed to “annual testing”; #2 edited to clarify parathyroid hormone testing is not reimbursable for any condition no described in #1. References revised.
04/08/2025	08/08/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Combined #1 and #2 into a single criterion to describe all appropriate testing indications for PTH. Now reads: 1) Serum intact parathyroid (PTH) testing MEETS COVERAGE CRITERIA in any of the following situations: a) For individuals with abnormal calcium levels. b) One time testing for the diagnosis of hypoparathyroidism for individuals with signs of hypoparathyroidism (see Note 1). c) For individuals with osteoporosis or low bone mass. d) For individuals who have undergone parathyroidectomy. e) One test every year for individuals diagnosed with hyperparathyroidism and who have not undergone parathyroidectomy. f) At the following frequency for individuals with chronic kidney disease (CKD): i) For individuals with Grade 3 CKD: One test every twelve months. ii) For individuals with Grade 4 or Grade 5 CKD: One test every three months. g) One time testing for individuals with multiple endocrine neoplasia type 2A (MEN2A) or familial medullary thyroid carcinoma. h) At the following frequency for individuals who have pseudohypoparathyroidism or related disorders (see Note 2): i) For individuals who are less than 18 years of age, one test every three months. ii) For individuals who are 18 years of age or older, one test every year. Added Note 2 describing the conditions pseudohypoparathyroidism and related disorders. References revised.
09/13/2024	01/01/2025: New policy.